BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL. SD COUNTY
BCC NAME	TIV TEAL IT SERVICES PLANNING COUNCIL, SD COUNTY

COUNTY DEPARTMEN PHONE NUMBER		HEALTH & HUN	IAN SERVICES	S AGENCY	CONTACT PERS	SO Terry	Terry Cunningham	
		(619) 293-4706	MAILST	OP P505	FAX NUMBER	(619)	296-2688	
MEMBER NAME	Bastida, I	≣lva						
APPOINTMENT	12/12/200	6 <i>MO</i> #	11	EXPIRATION	12/12/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE C (CHIEF)	F AIDS COORE	DINATION	APPOINTED BY	Board of Supe	ervisors		
REQUIREMENT		OPPORTUNITI WITH AIDS (HO		COMMENTS	1st appt 12/12 who resigned		ed Lisa Contreras	
MEMBER NAME	Becker, S	Sheryl						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS	
NOMINATED BY	District 3			APPOINTED BY	Board of Supe	ervisors		
REQUIREMENT	PUBLIC N	IEMBER		COMMENTS	1st appt on 1/2 Rob Appel wh		Il unexpired term of 2/7/05.	
MEMBER NAME	Benson,	Susan						
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION		TERM	NONE	
NOMINATED BY	OFFICE C (CHIEF)	F AIDS COORE	DINATION	APPOINTED BY	Board of Supe	ervisors		
REQUIREMENT	AETC			COMMENTS	1st appt 7/25/ 4/28/2006	06. Heather	Baldwin resigned	
MEMBER NAME	Black, Ro	bert						
APPOINTMENT	12/11/200	7 <i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE C (CHIEF)	F AIDS COORE	DINATION	APPOINTED BY	Board of Supe	ervisors		
REQUIREMENT	AFFECTE	D COMMUNITIE	ES/SEAT #1	COMMENTS	1st appt 12/11	/07		
MEMBER NAME	Brosnan,	Elizabeth						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	9/12/2007	TERM	4-YEARS	
NOMINATED BY	OFFICE C (CHIEF)	F AIDS COORE	DINATION	APPOINTED BY	Board of Supe	ervisors		

Thursday, April 17, 2008 Page 104 of 209

COMMENTS

1st appt on 9/12/2000. Reappt 2nd term

REQUIREMENT

CBO/AIDS ORGANIZATION

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY

REQUIREMENT AFFECTED COMMUNITIES/SEAT #2

PHONE NUMB	<i>SER</i> (619)	293-4706	MAILSTO	P P505	FAX NUMBER	(619)	296-2688	
MEMBER NAME	Brown, Deboral	n (Navarro))					
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	3/31/2008	TERM	4-YEARS	
NOMINATED BY	District 2			APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	Public Member			COMMENTS	1st Appt: 3/31/ 30th St SD, CA		Address: 3544	
MEMBER NAME	Bursaw, Michae	el						
APPOINTMENT	2/12/2001	<i>MO</i> #		EXPIRATION		TERM	NONE	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	RESOLUTION			
REQUIREMENT	DIRECTOR, HH	SA OR DE	SIGNEE	COMMENTS	Designee for m	nandated re	o.	
MEMBER NAME	Caffery, Mary							
APPOINTMENT	7/8/2003	<i>MO</i> #	8	EXPIRATION	12/31/2006	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	TITLE IV			COMMENTS	1st Appointme	1st Appointment 9/23/97 (10) - 3rd term		
MEMBER NAME	Carlson, Paul							
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Supe	Board of Supervisors		
REQUIREMENT	HIV AFFECTED	COMMUN	NITIES/SEAT #10	COMMENTS	1st appt 7/25/0 10/27/05.	1st appt 7/25/06. James Yarrell vacate 10/27/05.		
MEMBER NAME	Carroll, Reggie							
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Supe	rvisors		

Terry Cunningham

CONTACT PERSO

Thursday, April 17, 2008 Page 105 of 209

COMMENTS

1st appt 12/11/07

COUNTY DEPARTMEN PHONE NUMBER		HEALTH 8	HUM	AN SERVICES A	GENCY	CONTACT PERSO		Terry Cunningham	
		(619) 293-4706		MAILSTOI	P505	FAX NUMBER		(619) 296-2688	
MEMBER NAME	Collin, K	Kevin							
APPOINTMENT	6/21/200	5 <i>I</i>	<i>MO#</i>	13	EXPIRATION	12/31/2006	1	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS CO	ORDI	NATION	APPOINTED BY	Board of Su	perviso	ors	
REQUIREMENT		ED COMMU ATE)/SEAT		S (HCC	COMMENTS	1st appt 6/2 ⁻ Edwards	1/05 to	fill unex	xpired term of Artie
MEMBER NAME	Cortes,	Alberto (Vice	e Chair	-)					
APPOINTMENT	1/24/200	6 <i>M</i>	<i>10</i> #	8	EXPIRATION	7/23/2009	1	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS CO	ORDI	NATION	APPOINTED BY	Board of Supervisors			
REQUIREMENT	GENERA	AL MEMBER	!		COMMENTS	1st Appt 7/2	3/2002	2	
MEMBER NAME	Frye, Su	ısan							
APPOINTMENT	7/24/200	7 <i>1</i>	<i>10</i> #	8	EXPIRATION	7/24/2011	1	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS CO	ORDI	NATION	APPOINTED BY	Board of Su	perviso	ors	
REQUIREMENT	MEDICA	ID AGENCY			COMMENTS	1st appt. 7/2	24/07		
MEMBER NAME	Fuentes	, Christian							
APPOINTMENT	12/9/200	3 <i>M</i>	<i>10</i> #	19	EXPIRATION	7/8/2007	1	TERM	4-YEARS
NOMINATED BY	OFFICE (CHIEF)	OF AIDS CO	ORDI	NATION	APPOINTED BY	Board of Su	perviso	ors	
REQUIREMENT	HISPANI	C COMMUN	NITY LE	EADER	COMMENTS	1st Appt. 7/8	3/03 (8)	
MEMBER NAME	Graff, La	arry							
APPOINTMENT	7/24/200	7 <i>I</i>	<i>MO#</i>	8	EXPIRATION	7/24/2011	1	TERM	4-YEARS

Thursday, April 17, 2008 Page 106 of 209

APPOINTED BY

COMMENTS

Board of Supervisors

1st appt. 7/24/07

OFFICE OF AIDS COORDINATION

SOCIAL SERVICES PROVIDER

(CHIEF)

NOMINATED BY

REQUIREMENT

COUNTY DEPA	ARTMEN HEAL	TH & HUM	AN SERVICES A	GENCY	CONTACT PERSO	Terry	Terry Cunningham	
PHONE NUMB	ER (619)	(619) 293-4706 <i>M</i>		P505	FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	Henry, Molly							
APPOINTMENT	2/1/2005	<i>MO</i> #	10	EXPIRATION	2/1/2009	TERM	4-YEARS	
NOMINATED BY	District 5			APPOINTED BY	Board of Superv	isors		
REQUIREMENT	Public Member			COMMENTS	1st appt 2/1/05			
MEMBER NAME	Hernandez, Ro	man						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Supervisors			
REQUIREMENT	AFFECTED CO	MMUNITIE	S/SEAT #12	COMMENTS	1st Appt. 7/31/0	1 (6)		
MEMBER NAME	Jacobs, Delores	s						
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Superv	isors		
REQUIREMENT	MENTAL HEALT	TH PROVIE	DERS	COMMENTS	1st Appt. 7/31/0	1 (6) ; Re-a	appointed	
MEMBER NAME	Kubricky, Cinna	amen (Vice	Chair)					
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Superv	isors		
REQUIREMENT	AFFECTED COI	MMUNITIE	S/SEAT #4	COMMENTS	1st appt 12/11/0	7		
MEMBER NAME	Lewis, Robert							
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	7/8/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AID (CHIEF)	S COORD	INATION	APPOINTED BY	Board of Superv	isors		

Thursday, April 17, 2008 Page 107 of 209

COMMENTS

Re-appt. (2nd term) 12/11/07

REQUIREMENT HRSA TITLE III GRANTEE

COUNTY DEPAR	TMEN HEA	ALTH & HUM	AN SERVICES A	CONTACT PERSO	Terry	Terry Cunningham		
PHONE NUMBER	R (619	9) 293-4706	MAILSTOP	P505	FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	Lochner, Mic	hael (Mikie)						
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF A (CHIEF)	IDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors		
REQUIREMENT	CONSUMER			COMMENTS	1st appt 12/11/07	7		
MEMBER NAME	Maracle, Ray							
APPOINTMENT	12/11/2007	<i>MO</i> #	5	EXPIRATION	12/4/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF A (CHIEF)	IDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors		
REQUIREMENT	AFFECTED C	OMMUNITIE	S/SEAT #11	COMMENTS	1st appt. 12/11/0	7		
MEMBER NAME	May, Michele							
APPOINTMENT	7/24/2007	<i>MO</i> #	8	EXPIRATION	7/24/2011	TERM	4-YEARS	
NOMINATED BY	OFFICE OF A (CHIEF)	IDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors		
REQUIREMENT	AFFECTED C	OMMUNITIE	S/SEAT #9	COMMENTS	1st appt. 7/24/07			
MEMBER NAME	Nelson, Jame	es Patrick Sea	an					
APPOINTMENT	8/3/2004	<i>MO</i> #	6	EXPIRATION	8/3/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF A (CHIEF)	IDS COORDI	NATION	APPOINTED BY	Board of Supervi	Board of Supervisors		
REQUIREMENT	AFFECTED C	OMMUNITIE	S/SEAT #14	COMMENTS	1st appt 8/3/2004 who resigned 09/		e Yrineo, Jerry,	
MEMBER NAME	Nunez-Lirian	o, Alicia						
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION	6/21/2009	TERM	4-YEARS	
NOMINATED BY	OFFICE OF A	IDS COORDI	NATION	APPOINTED BY	Board of Supervi	sors		
REQUIREMENT	FEDERALLY CENTERS	QUALIFIED H	IEALTH	COMMENTS	1st appt 6/21/200 Lorenzo Herman		nexpired term of	

Thursday, April 17, 2008 Page 108 of 209

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY CONTACT PERSO Terry Cunningham

PHONE NUMBER (619) 293-4706 **MAILSTOP** P505 **FAX NUMBER** (619) 296-2688

MEMBER NAME	Patch, Peter						
APPOINTMENT	12/28/2004	<i>MO</i> #	EXPIRATION		TERM	NONE	
NOMINATED BY	DIRECTOR OF H	IHSA	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	COUNTY HEALT DESIGNEE	H OFFICER OR	COMMENTS		Mandated Rep.Nancy Bower resigned 12/28/04 and appointed Peter Patch as replacemt		
MEMBER NAME	Pedrin-Gizoni, M	larie					
APPOINTMENT	7/8/2003	<i>MO</i> # 8	EXPIRATION	3/31/2008	TERM	4-YEARS	
NOMINATED BY	District 4		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	Public Member		COMMENTS	1st Appt. 3/31/	/98 (9)		
MEMBER NAME	Pierce, Elaine D	r					
APPOINTMENT	2/27/2008	<i>MO</i> #	EXPIRATION		TERM	NONE	
NOMINATED BY	OFFICE OF AIDS (CHIEF)	COORDINATION	APPOINTED BY	RESOLUTION	I		
REQUIREMENT	STD Control Office	cer	COMMENTS	Replaced Lauren Farber who resigned Fe 2008			
MEMBER NAME	Rivera, Sergio						
APPOINTMENT	12/12/2006	<i>MO</i> # 11	EXPIRATION	12/12/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS (CHIEF)	COORDINATION	APPOINTED BY	Board of Supervisors			
REQUIREMENT	HIV AFFECTED	COMMUNITIES/SEAT# 3	COMMENTS	1st appt 12/12	/06		
MEMBER NAME	Sanchez, Alicia						
APPOINTMENT	1/24/2006	<i>MO</i> # 8	EXPIRATION	1/24/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS (CHIEF)	COORDINATION	APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	AFFECTED COM	MUNITIES/SEAT #7	COMMENTS	1st appt 1/24/0	06		

Thursday, April 17, 2008 Page 109 of 209

COUNTY DEPA	ARTMEN HEALTH & HUI	MAN SERVICES A	AGENCY	CONTACT PERSO) Terry	Cunningham	
PHONE NUMB	ER (619) 293-4706	MAILSTO	<i>P</i> P505	FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	Scolari, Rosana						
APPOINTMENT	12/9/2003 <i>MO#</i>	19	EXPIRATION	3/16/2009	TERM	4-YEARS	
NOMINATED BY	District 1		APPOINTED BY	Board of Superv	risors		
REQUIREMENT	Public Member		COMMENTS	Re-appointed 2r	nd term. 1s	t Appt: 3/16/99 (8	
MEMBER NAME	Smith, David, Dr.						
APPOINTMENT	6/21/2005 <i>MO</i> #	13	EXPIRATION		TERM	NONE	
NOMINATED BY	OFFICE OF AIDS COORE (CHIEF)	DINATION	APPOINTED BY	Board of Supervisors			
REQUIREMENT	HOSPITAL COUNCIL (RE	EP)	COMMENTS	Mandated Repre	esentative		
MEMBER NAME	Smith, Tim						
APPOINTMENT	12/9/2003 <i>MO</i> #	19	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORD (CHIEF)	DINATION	APPOINTED BY	Board of Superv	visors		
REQUIREMENT	FEDERAL, STATE, OR LO PRISONERS REPRESEN		COMMENTS	1st Appt: 7/31/0	1 (6)		
MEMBER NAME	Suckow, Scott						
APPOINTMENT	5/19/2006 <i>MO</i> #	25	EXPIRATION	5/11/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE OF AIDS COORD (CHIEF)	DINATION	APPOINTED BY	Board of Superv	Board of Supervisors		
REQUIREMENT	PLANNING COUNCIL CH	IAIR	COMMENTS	1st appt 5/16/09 Veronica Dela R			
MEMBER NAME	Taylor, Michael						
APPOINTMENT	7/25/2006 <i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS	
NOMINATED BY	Office of Aids Coordination	n-Chief	APPOINTED BY	Board of Superv	visors		
REQUIREMENT	AFFECTED COMMUNITIE	ES/SEAT #8	COMMENTS	1st appt 7/25/06		ted vacancy of	

Thursday, April 17, 2008 Page 110 of 209

Doris Bell 3/30/2006.

COUNTY DEPARTMEN		EALTH & HUM	AN SERVICES A	GENCY	CONTACT PERSO	Terry Cunningham		
PHONE NUMBE	<i>R</i> (6	19) 293-4706	MAILSTO	P P505	FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	VACANT							
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	7/31/2008	TERM	4-YEARS	
NOMINATED BY	OFFICE OF (CHIEF)	AIDS COORDI	NATION	APPOINTED BY	Board of Supervis	sors		
REQUIREMENT	AFFECTED	COMMUNITIES	S (CAREGIVER)	COMMENTS	St. Clair Adams r	esigned 9.	/27/06	
MEMBER NAME	VACANT							
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE OF (CHIEF)	AIDS COORDI	NATION	APPOINTED BY	Board of Supervis	sors		
REQUIREMENT	HIV PREVE REPRESEN	NTION SERVIC TATIVE	CES	COMMENTS	Carolina Gonzale 4/10/08	z-Garcia's	s term ended	
MEMBER NAME	VACANT							
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	12/31/2007	TERM	4-YEARS	
NOMINATED BY	OFFICE OF (CHIEF)	AIDS COORDI	NATION	APPOINTED BY	Board of Supervis	sors		
REQUIREMENT	CONSUMER	₹		COMMENTS	Unexpected vaca resignation 6/7/05		d Gibbings	
MEMBER NAME	VACANT							
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	1/24/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE OF (CHIEF)	AIDS COORDI	NATION	APPOINTED BY	Board of Supervis	Board of Supervisors		
REQUIREMENT	AFFECTED	COMMUNITIES	S/SEAT #6	COMMENTS	Ronnie Miranda r	esigned 3	/14/07	
MEMBER NAME	VACANT							
APPOINTMENT	12/9/2003	<i>MO</i> #	19	EXPIRATION	12/31/2006	TERM	4-YEARS	
NOMINATED BY	OFFICE OF (CHIEF)	AIDS COORDI	NATION	APPOINTED BY	Board of Supervis	sors		
REQUIREMENT	AFFECTED (YOUTH)	COMMUNITIES	S/SEAT #13	COMMENTS	Unexpected vaca Trevino	ncy 5/20/0	05 of Carolina	

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY

PHONE NUMBER	(619) 29	(619) 293-4706		P P505	FAX NUMBER	(619) 296-2688			
MEMBER NAME	VACANT								
APPOINTMENT	1/24/2006	<i>MO</i> #	8	EXPIRATION	12/31/2009	TERM	4-YEARS		
NOMINATED BY	STATE OFFICE OF AIDS REP.			APPOINTED BY	Board of Super	Board of Supervisors			
REQUIREMENT	STATE OFFICE OF AIDS REP			COMMENTS	Mandated Rep	Mandated Rep.Jeff Byers resigned 2/29/08			
MEMBER NAME	VACANT								
APPOINTMENT	8/3/2004	<i>MO</i> #	6	EXPIRATION	12/31/2006	TERM	4-YEARS		
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)			APPOINTED BY	Board of Super	Board of Supervisors			
REQUIREMENT	CONSUMER			COMMENTS		ALTERNATEunexpected vacancy of Anthony Gioffre resigned 2/23/05			
MEMBER NAME	VACANT								
APPOINTMENT	6/21/2005	<i>MO</i> #	13	EXPIRATION	6/21/2009	TERM	4-YEARS		
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)			APPOINTED BY	Board of Super	Board of Supervisors			
REQUIREMENT	GENERAL MEMBERSHIP			COMMENTS	Phyllis Jacksor	Phyllis Jackson, Resigned 5/21/07			
MEMBER NAME	VACANT								
APPOINTMENT	7/24/2007	<i>MO</i> #	8	EXPIRATION	7/24/2011	TERM	NONE		
NOMINATED BY	OFFICE OF AIDS COORDINATION (CHIEF)			APPOINTED BY	Board of Super	Board of Supervisors			
REQUIREMENT	Prevention Planning Board Chair			COMMENTS	Sheri Kirshenb	Sheri Kirshenbaum resigned 2/21/08			
MEMBER NAME	VACANT								
APPOINTMENT	7/25/2006	<i>MO</i> #	1	EXPIRATION	7/25/2010	TERM	4-YEARS		
NOMINATED BY	OFFICE OF AIDS (CHIEF)	COORDI	NATION	APPOINTED BY	Board of Super	Board of Supervisors			
REQUIREMENT	SUBSTANCE ABU PROVIDER	JSE TRE	ATMENT	COMMENTS	Marc D'Hondt t	Marc D'Hondt term ended 4/10/08			

CONTACT PERSO Terry Cunningham

Thursday, April 17, 2008 Page 112 of 209

BCC NAME	HIV HEALTH SERVICES PLANNING COUNCIL,	SD COUNTY

PHONE NUMBER		HEALTH & HUMAN SERVICES AGENCY					CONTACT PERSO	Terry	Terry Cunningham	
		(619) 293-4706		MAILS	TOP P50	5	FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	Williams	s, Denice								
APPOINTMENT	12/12/20	06	<i>MO</i> #	11	EXPIRATION	ON	12/12/2010	TERM	4-YEARS	
NOMINATED BY	OFFICE (CHIEF)	FICE OF AIDS COORDINATION HEF)			APPOINTE	ED BY	Board of Supervisors			
REQUIREMENT	_	AFRICAN AMERICAN COMMUNITY LEADER			COMMENT	rs	1st appt 12/12/06			
MEMBER NAME	Wolter,	Carl F.								
APPOINTMENT	6/21/200	5	<i>MO</i> #	13	EXPIRATIO	ON	12/31/2008	TERM	4-YEARS	

NOMINATED BY OFFICE OF AIDS COORDINATION APPOINTED BY **Board of Supervisors** (CHIEF) 1st appt. 6/21/05 (13). replacedThompson, Edward J. resigned 10/04/04 per P. Honeycutt. REQUIREMENT HOUSING/HOMELESS SERVICES **COMMENTS** REPRESENTATIVE

Thursday, April 17, 2008 Page 113 of 209